Uniform Business Office Newsletter

Helping frontline users perform their day-to-day jobs

IMPORTANT NOTICE: Due to Privacy concerns, all personal identifiers, such as names and personal e-mail addresses, have been removed from this newsletter. We apologize for this inconvenience. If you have questions about an article, please do not hesitate to contact the UBO Help Desk (UBO.helpdesk@altarum.org/703-575-5385)

1. New Pharmacy Rates Reflect Increases

The Pharmacy Rate Table was released on 28 August 2006. We hope you noticed the overall increase of 150%. This is because rates are now computed based on the median rather than the minimum unit cost. The new pharmacy rate table can be downloaded from the UBO Web Site. Click here for the teleconference slides.

> *You should be billing and collecting more for pharmacy.*

2. NEW *Inpatient* VA/DoD Sharing Agreement

The newly signed agreement uses inpatient institutional coding for the hospital bill and inpatient professional coding for the professional services bill. This means your MTF must code inpatient professional services or it will not be paid for those services. The agreement no longer uses Adjusted Standardized Amounts (ASA) rates for billing.

> *The new Agreement is completely different. Watch for a tele-conference on this topic.*

3. CY 2006 Outpatient Rate Update (Audiology)

New Class 4 Provider rates are now available for Medicine Audiology Code Series (92502–99597). Look for these services to be billed for in CHCS and TPOCS effective 28 August 2006. *t*

4. FY 2007 Inpatient Rate Update

Inpatient ASAs are finalized. We expect them to be available to the field by the end of September 2006. The TMA UBO Program Office began the formal coordination process so Assistant Secretary of Defense, William Winkenwerder, Jr, MD, can sign the new rates into effect. We anticipate the new rates to be effective 1 October 2006.

5. SIT User Functions: Add, Update, Cancel, Deactivate
Below is a short description of each function. A more detailed description is found on pages 6 and 7 of this newsletter.

- **Add** is used to add a new carrier or a coverage that is not on the SIT.

- **Update** allows MTFs to update information on a current HIC entry; do *not* use this function at this point!

- **Cancel** erases a HIC entry. It can only be used if the HIC has not been unverified. The entry can only be cancelled by the MTF that originated it. Repoint OHI associated with the HIC before cancelling it.

- **Deactivate** is used if the HIC no longer exists (e.g., the company is out of business). Do Not Deactivate any HICs.

6. Do NOT Bill Telephone Calls OCONUS!
The latest outpatient rate package included CMAC rates for CPT codes 99371 and 99372, telephone calls. Nevertheless, UBO Service Managers are asked to direct their overseas MTFs (i.e., those not located in the 50 States) to temporarily suspend all billing for these codes. This is in keeping with the 24 March 1999 Policy for Telephone Consultation Billing, which is under review. Process any payments received for bills already sent; however do not send out past-due notices for these bills and do not consider them delinquent until further guidance is issued.

7. Provider Specialty Codes – Update the Table for Your Residents, IDCs and IDMTs
Does your MTF have residents, Independent Duty Corpsmen (IDCs), or Independent Duty Medical Technicians (IDMTs)? Then there had better be someone at your MTF updating the Provider Specialty Codes (PSCs). A new table was released in August 2006. This table assigned new codes to residents without licenses, IDCs and IDMTs. What does this mean? Unless updated, the residents without licenses will have bills indicating they are licensed physicians. This is a no-no. It also inactivated PSC 002, 500-518, 700, 711, 814. Encounters that are coded using the inactivated PSCs will no longer generate bills.

Check with your systems individual who updates provider profiles. This individual is frequently someone in the credentials office. When you start asking around, if you get looks like you are speaking a foreign language… That would make it time to contact your Service UBO representative or the UBO help desk.   Additional resources are available on the UBO Web Site (see Item 16).

8. MEPRS Data Must Include Contractors
Sites need to ensure their MEPRS data are correct, particularly those sites using contractors. "EBH" is the MEPRS code for the Third Party Collection Program. There are several MTFs that did not report costs in EBH for 2005. I'm not saying this is wrong. I'm just saying I can't think of a single way this could have happened unless your TPC office is manned completely by volunteers working off-site. If you have a contractor doing your TPC, you still have costs at the MTF (e.g., getting documentation they request) and the cost of the contract.

9. Got NPI? Type 2 v. Type 1
National Provider Identifier (NPI) Type 1s – They're not just for billing. MHS providers must obtain and submit their NPIs to the

> *Congratulations and Thanks!* *Most MTFs have forwarded their NPI Type 2s to DMHRS*ì.

credentialing office prior to 23 May 2007. The NPI will replace all existing billing identifiers such as the "VAD" UPIN used in the MHS when working with CMS. NPIs will be used to identify providers in HIPAA standard electronic transactions including requests for consults.
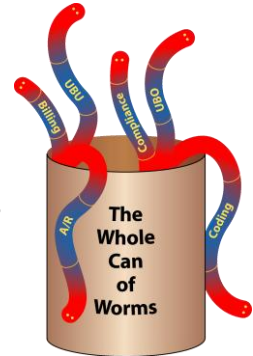
10. Charge Master Based Billing (CMBB) Update

And the envelope says… Yes, we are still waiting to learn which vendor will develop our new consolidated billing system. In the mean time, we are making changes to become more like the civilian sector. All MTFs have completed SIT/OHI conversion. We are working on electronic pharmacy billing. An updated billing policy manual may be here for the holidays. We'll let the Service UBO Managers know as soon as the vendor's name is released.

11. 2007 UBO/UBU Annual Educational Conference (19-23 March 2007)

Time to get your funding request in. Anticipate about $200/day for food and lodging, plus transportation (Don't forget about the airport parking fee!).

The UBO/UBU Annual Conference will be held 19-23 March 2007 in Lansdowne, Virginia. The theme: "From Registration to Accounts Receivable — The WHOLE Can of Worms." We are repeating some of the more popular sessions for those who are new to the field or are first-time attendees. We will also have many new topics and sessions. Our goal is to learn while having fun. Be sure to mark your calendar, secure your funding, and join us in March.

Of course, to make this conference a success, we welcome your input. Please forward your suggestions for topics and speakers to UBO.Conference.Speakers@altarum.org.

12. New Billing Forms – Time to Start Getting Ready!

The revised CMS 1500 and new UB-04 are finalized. Changes to the CMS 1500 were minor; the UB-04 is an entirely new form. TPOCS is making billing system changes to correspond with the modified formats. For more information, including a timeline for the transition, go to the end of this newsletter.

13. DD 2569 – Making It Easier to Collect OHI

The current DD Form 2569, Third Party Collection Program – Record of Other Health Insurance, expires on 31 December 2006. We are feverishly working to get a revised form approved before the expiration date. A copy of the proposed new form is available from the UBO Help Desk.

The new form will be easier to complete and will capture more OHI information. For example, patients without OHI or with no change to their OHI will simply sign and date the back of the form. If a patient with OHI has an insurance card, all you will need to do is photocopy the front and back of the card and attach the copies to the 2569 instead of asking the patient to write it all out. It also does away with questions about whether the encounter was caused by an accident or injury.

All non–Active Duty beneficiaries must have a signed current DD 2569 as part of their medical record. It provides the information needed to bill commercial health insurance for services furnished by the MTF. It serves as an assignment of benefits to bill the insurer. While MTFs are not required to include a copy of the form when submitting a claim, the MTF must provide it on request. In fact, the Code of Federal Regulations (CFR) specifically states that: "A copy of the completed and signed DoD insurance declaration form will be provided to payers upon request, in lieu of a claimant's statement or coordination of benefits form."

The UBO is required to seek public comment on any changes to the form. A notice was published in the 21 August 2006 *Federal Register*.

14. PATCAT Codes – Potential Changes Identified
The UBO Advisory Work Group (AWG) approved several changes for Patient Category (PATCAT) codes during its August 2006 meeting. The specific changes are shown in the table below. The UBO Program Manager submitted the proposed changes to the UBU to be coordinated with CITPO for inclusion in a future CHCS update.

PATCAT Code	Recommended Change
A27, C27, F27, M27, or N27 (Former Member – Maternity Care)	Change billable rate from "NC" to "FMR"
K53-Z (NAF CONUS)	Change Pay Mode to "DD7/DD7A" Change billing to "Agency" rather than "Individual"
K61-1 (VA Beneficiary) and K61-2 (DOD/VA Sharing Agreement)	Reinstate the Pay Mode = "DD7/DD7A"
K91-2 (Civilian - Disaster – FEMA)	Change billable rates to "FLEX/FLXO" rather than "IAR/IOR"

15. PATCAT Web-based Training Status
We requested Service UBO Managers' comments on Web-based training to teach staff how to correctly select PATCATs. Once the comments are in, the course materials will be submitted to the TRICARE University for final production of a TRICARE University course. We hope to have the completed course available by October 2006.

16. UBO Learning Center Update
Missed any of the teleconferences presented this summer? If so, see below or check out the UBO Website. (Tip: When printing the material, click the lower left side of the print screen and change "slides" to "notes." This will give you more information on each slide.)

Provider Specialty Code Table August 2006 Update – This teleconference presented the latest information on the new HIPAA Taxonomy and Provider Specialty Codes, including why it's important to your MTF to have these codes correct. Share this information with your credentialing staff. (Powerpoint presentation; Provider Specialty Code Table; HIPAA Taxonomy to CMAC Provider Class Mapping)

TPC Metrics Reporting System General Orientation Training – This teleconference provided basic guidance on how to populate the DD 2570 to ensure that your MTF's third party collections are counted. The TC explained how to report DD 2570 data through the Third Party Collections Metrics Reporting System. (Powerpoint presentations)

TMA UBO Rate Update – Pharmacy, Outpatient and Inpatient Rates – This teleconference presented an overview of updates for the new inpatient rates, the new pharmacy rates, and some new outpatient rates. (Powerpoint presentation)

Upcoming Teleconferences

ICD-9-CM 2007 Update – The 2007 ICD-9-CM updated codes are expected to be released for loading in CHCS on or about 28 September 2006. TPOCS will also receive the codes for testing on 28 September 2007. TPOCS will notify sites when the table is available for loading. Meanwhile, we are holding this teleconference to provide the specifics about the code set changes. Dates:

- 26 September 2006 at 0600, 0900, and 1100;
- 27 September 2006 at 1430; and
- 28 September 2006 at 0600, 0900, 1100, and 1430.

All times are Eastern Daylight.

Call in number: 866-866-2244 (participant code: 5260345). Slides will be posted on the UBO Website soon.

 Watch the UBO Website for details about other teleconferences, such as guidance for:

- the new CMS 1500/UB-O4
- the revised DD Form 2569
- the new DoD/VA Inpatient Sharing Agreement
- NPIs (National Provider Identifiers)

Don't forget to mark your calendars for the 2007 UBO/UBU Conference (19-23 March).
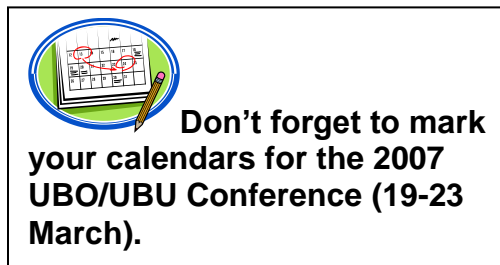
Print, clip, and save ✂

UBO Reference Portals

Uniform Business Office (UBO)
http://tricare.osd.mil/rm/index.cfm?pageId=10

Uniform Biostatistical Utility (UBU)
http://www.tricare.osd.mil/org/pae/ubu/default.htm

MHS Helpdesk
http://www.MHS-helpdesk.com

Third Party Outpatient Collection System (TPOCS)
http://www.tpocshelpdesk.com

CHCS Implementation Alerts and OIB
https://fieldservices.saic.com

UBO Questions (This is an email address)
ubo.helpdesk@altarum.org

UBO Support Additional Web Site
https://my.altarum.org/sites/ubo/default.aspx

Abbreviations/Acronyms in This Newsletter

ASA	Adjusted Standardized Amount
AWG	Advisory Work Group
CFR	Code of Federal Regulations
CHAMPUS	Civilian Health and Medical Program of the Uniformed Services
CHCS	Composite Health Care System
CITPO	Clinical Information Technology Program Office
CM	Clinical Modification, ICD-9
CMAC	CHAMPUS Maximum Allowable Charge
CMBB	Charge Master Based Billing
CMS	Centers for Medicare and Medicaid Services
CMS 1500	Centers for Medicare and Medicaid Services billing form 1500; formerly the HCFA 1500
CPT	Current Procedural Terminology
CY	calendar year
DMHRS*i*	Defense Medical Human Resources System-internet
DoD	Department of Defense
FAQ	frequently asked question
FEMA	Federal Emergency Management Agency
FY	Fiscal year (October 1 – September 30)
HIC	health insurance carrier
HIPAA	Health Insurance Portability and Accountability Act of 1996
ICD	International Classification of Diseases
ID	Identifier
IDC	Independent duty corpsman
IDMT	Independent duty medical technician
MEPRS	Medical Expense and Performance Reporting System
MHS	Military Health System
MSA	Medical Services Account
MTF	Military Treatment Facility
NPI	National Provider Identifier (Type 1 – individual; Type 2 – institutional/organizational)
NUBC	National Uniform Billing Committee
NUCC	National Uniform Claims Committee
OCONUS	Outside the continental United States
OHI	other health insurance
OIB	Outpatient Itemized Billing
PATCAT	Patient Category Table
POC	Point of Contact
PSC	Provider Specialty Code
SIT	Standard Insurance Table
TC	Teleconference
TMA	TRICARE Management Activity
TPC	Third Party Collections
TPOCS	Third Party Outpatient Collection System
UB-92, UB-04	Uniform Billing form 1992, 2004
UBO	Uniform Business Office
UBU	Uniform Biostatistical Utility
UPIN	Unique Physician Identification Number
VA	Veterans Affairs
VPOC	Verification Point of Contact

(Additional Information Related to #5)

Standard Insurance Table (SIT) User Functions

The SIT/OHI Conversion is near completion. The number of users accessing the SIT has greatly increased. Therefore, key business rules and user functions must be reviewed.

The SIT functions available to the user include: Add, Update, Cancel, and Deactivate. The following guidance will facilitate your interactions with the SIT.

Add is used to add a carrier or a coverage.

- To avoid duplicate entries, the user should first do a partial look-up to see if the potential health insurance carrier (HIC) is already on the SIT

- Compare the following field values between the existing carriers or coverage and the carrier or coverage to add:

    o Carrier's Name
    o Carrier's Telephone Number
    o Carrier's Address
    o Carrier's Attention Line

- If what is needed is not on the SIT in exactly the format desired, *then* "Add" the entry. **Do not choose to "Update" an existing entry.**

Update allows MTFs to update information on a current HIC entry

- **Do not update a current HIC entry**.

- If you do not see a usable HIC on the SIT, then "Add" a new HIC.

To maintain a stable SIT throughout conversion, HIC entry updates were not verified by the VPOC.   Any update requests that were submitted were "restored" by the VPOC. This means that the information change was not verified and the original entry information was restored. If MTFs re-pointed OHI to an unverified HIC update, then the OHI would be pointed to a HIC with the updated information because that was the view seen by the MTF at the initial re-pointing. Once restored, that same OHI was pointed to the original entry information.

Updates to current HIC entries will not be allowed until a formal communication process is established between the user and the VPOC. The VPOC will correct any obvious misspellings or transposing of letters, but will not make any address or telephone number changes or add or delete attention lines. The VPOC should be contacted if there are any questions about a particular HIC entry at this link: UBO.helpdesk@altarum.org

Cancel erases a HIC entry.

- This function is should be used if an insurance carrier (HIC_ID) or a HIC Coverage Type was entered in error or should never have been entered in the first place.

- Only the MTF that originated the HIC entry can cancel it.

- The HIC must still be in an unverified status to be able to cancel it.

Before canceling a HIC, re-point any OHI since all OHI associated with the cancelled HIC will be cancelled by the system.

The VPOC may contact an MTF and request that a HIC be cancelled and OHI re-pointed to an existing HIC if duplicate entries currently exist.

Deactivate is the correct function for a HIC that no longer exists. It has been confused with "Cancel."

- A HIC no longer exists if the company is out of business, not just because one MTF no longer uses it.

- ***Do Not Deactivate any HICs.***

There are two resources available to MTFs that contain valuable information:

- The detailed business rules document (SIT/OHI); and
- The frequently asked questions (FAQs) (Scroll down on Homepage).

These resources are available UBO Website.

(Additional Information Related to #12)

New Billing Forms – Time to Start Getting Ready

Look for a revised CMS 1500 and a totally new UB-04 in the coming months. Both of these forms will allow reporting of the NPI. They will also mirror their electronic counterparts [the 837 Professional (837P) and 837 Institutional (837I)].

Full use of both of these forms will not be required until 2007 (no later than 1 April for the CMS 1500 and 23 May 2007 for the UB-04). However, payers and clearinghouses may start accepting the revised 1500 as early as 1 October 2006. See timeline below.

TPOCS is making billing system changes and redesigning screens to correspond with the new claim formats. System testing for electronic billing will start at the end of September 2006. Testing for paper forms is scheduled for mid-January 2007. In conjunction with the TPOCS CMS 1500/UB-04 implementation, the UBO will provide functional guidance on business practices relating to data collection and billing procedures for MTFs.

Transition Schedule

CMS 1500
- **1 October 2006** – Health plans, clearinghouses, and other information support vendors should be ready to handle and accept the revised (08/05) 1500 Claim Form.
- **1 October 2006** to **31 March 2007** – Providers can use either the current version or the revised version of the 1500 Claim Form.
- **1 April 2007** – The 12/90 version of the 1500 Claim Form is discontinued; only the revised (08/05) form is to be used. All rebilling of claims should use the revised (08/05) form from this date forward, even though earlier submissions may have been on the 12/90 version of the 1500 form.

MTFs should contact their health plans and/or clearinghouses/vendors prior to submitting a claim on the revised form to make sure that the revised form can be used before the required date of acceptance.

The National Uniform Claim Committee (NUCC) has an instruction manual to complete the revised CMS 1500 (Version 1.3 [7/06]).

UB-04
The UB-04 is scheduled to replace the UB-92 beginning with bills created on 1 March 2007 using the following timeline:

- **1 March 2007** – Health plans, clearinghouses, and other information support vendors should be ready to handle and accept the new UB-04 form and data set.
- **1 March** to **22 May 2007** – Providers can use either the UB-04 or UB-92 forms/data set specifications.
- **23 May 2007** – The UB-92 is discontinued; only the UB-04 form and data set specifications should be used. All rebilling of claims must use the UB-04 from this date forward, even though earlier submissions may have been on the UB-92.

Additional information about the new UB-04 is available from the National Uniform Billing Committee (NUBC).   An instruction manual is expected in mid-September. Contact the UBO Help Desk if you need additional information or assistance.